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Approval		
Lead Trustee	Mike Urwin	**Date:** 11th February 2026
Chief Executive Officer	Alice Langley	**Date:** 11th February 2026
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Safeguarding Adults Policy and Procedure

1. Introduction

The Care Act (2014) statutory guidance defines safeguarding vulnerable adults as follows:

"Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risk and experience of abuse and neglect, while at the same time making sure that adults' wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances", (Department of Health and Social Care, updated 2023).

Abuse/harm can constitute the criminal offence of assault. There is also an offence under the Mental Capacity Act (2005) of ill treatment or wilful neglect of a person who lacks the cognitive ability to recognise this.

The aim and intention of this policy is to enable Tynedale Hospice at Home (THH) to demonstrate its commitment to keeping adults 'at risk' safe. THH acknowledges its duty to address appropriately any allegations, reports or suspicions of abuse. It also links into the evidence stream for CQC who checks that care providers have effective systems and processes in place to keep adults and children safe from abuse and neglect. (CQC 2018)

It is important to have policies and procedures in place so that all staff, volunteers and service users can work to prevent abuse and know what to do in the event of abuse. Within this context, this policy has been externally reviewed by one of our service users. This ensures that our approach to safeguarding is robust both within and outside the organisation.

2. Aims

The policy and safeguarding guidelines have been drawn up to enable THH to:

- Promote good practice and work in a way that can prevent harm, abuse and coercion occurring.
- Ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported.
- Work alongside Northumberland's NHS Safeguarding Adults Board, Foundry House in the event of any significant concern of abuse/wilful neglect to stop that abuse occurring.

Effective safeguarding is underpinned by two key principles:

- Safeguarding is everyone's business; for services to be effective each professional and organisation should play their full part.
- Professionals and organisations must work in partnership to protect children and adults in need
  (RCN2024)

3. Scope

The Care Act, (2014) recognises that there are 11 different categories of abuse and that it takes many forms. The most common forms are:

- **Physical Abuse** includes hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual Abuse** includes rape, indecent exposure, sexual assault or sexual acts to which the adult has not consented, or was pressured into consenting, inappropriate touching or looking, exposure to pornographic material or witnessing sexual acts
- **Psychological Abuse** includes emotional abuse, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or Material Abuse** includes stealing, selling assets, fraud, misuse or misappropriation of property, possessions or benefits. Internet scamming, coercion in relation to an adult's financial affairs or arrangements including in connection to wills.
- **Neglect/Acts of omission** including withholding the necessities of life such as medication, food, warmth, ignoring medical or physical care needs, failure to provide access to appropriate health, social care educational services.
- **Discriminatory Abuse** includes forms of harassment, slurs or similar treatment because of race, gender, gender identity, age, disability, sexual orientation or religion.
- **Organisational Abuse includes** neglect and poor care practice within an institution or specific care setting such as a hospital, care home or in relation to providing care in one's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Domestic Violence** includes psychological, physical, sexual, financial, emotional abuse; so called "honour" based violence.
- **Modern slavery** encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-Neglect** covers a wide range of behaviour neglecting to care for one's personal hygiene, health and surroundings and includes behaviour such as hoarding.
- **Radicalisation** – individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

Signs of Abuse

Physical

Unexplained bruises, cuts and abrasions; hair loss, missing in clumps; unexplained fractures; unexplained burns or scalding; delays in reporting injuries; vague, implausible or inappropriate explanations; multiple injuries or a history of past injuries and falls.

Sexual

Unexplained difficulty in walking; bleeding and bruised genitals; reluctance to be alone with a particular person, sudden behaviour changes.

Psychological

Isolation; the person becomes withdrawn; the withdrawal from services and support networks.

Financial

Unexplained loss of money or inability to pay the bills; sudden withdrawal of monies; sudden disappearance of valuable and favourite possessions; loss of financial documents, i.e. pension book, bank book.

Neglect

Unexplained weight loss; poor personal hygiene; unkempt dirty appearance; inappropriate dress; pressure ulcers; debilitation through malnutrition or dehydration; poor skin condition and poor resistance to infection/disease.

Pressure ulcers may occur as a result of neglect. Neglect may occur as the result of deliberate or unintentional failure of adequate care so causing significant, preventable skin damage.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be relatives, friends, neighbours or professionals such as doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust.

4. <u>Responsibility</u>

It is the duty of all THH staff and volunteers to be vigilant and to look for any indication of abuse, from all varying categories. If there are any suspected concerns, no matter how minor, they must be reported immediately (see Appendix 1 and 2. If disclosure of abuse occurs when a staff member visits / has contact with a patient / client, staff and volunteers must:

- Stay calm and listen patiently and reassure the person disclosing the information that they are doing the right thing by telling you.
- Believe the person.
- Explain what you will do - report it to the Designated Safeguarding Person(s).
- Write down an account of details of the conversation you had with the service user and give this to the Designated Safeguarding Person(s) for THH.
- As in an emergency, do not remove any forms of evidence or give food, drink or a wash if you suspect abuse has happened.
- Report immediately to THH's Designated Safeguarding Person(s).

A safeguarding protocol has been implemented by DOH with guidance for health and care organisations, with the aim of assisting practitioners and managers in the management of pressure ulcers. (GOV.UK 2024).

This guidance will be followed by THH staff working closely with staff from Northumbria Healthcare NHS Foundation Trust (NHCT) and families.

Safeguarding vulnerable adults and children is integral to THH's mandatory training strategy. All clinical staff, including Family Support Counsellors, Family Support Practitioners, Holistic Therapist and Patient Transport Coordinator, delivering patient /client care, must undertake Level 3 training in safeguarding in line with the advice from Northumberland Safeguarding Adults Board. The Head of Care and their Deputies also complete Level 3 training, and all other staff and volunteers are required to comply with level 1 training.

It is the individual's responsibility to ensure they are up to date with their training.

5. Recognising and Responding to Concerns

All suspected incidents of abuse or harm, regardless of severity, must be reported immediately to **One Call on Tel 01670 536400**, in line with the Northumberland Local Safeguarding Board procedures. If an incident occurs outside of normal working hours, concerns must be reported to the **Emergency Duty Team on 03456 005252** (see Appendix 1).

THH has appointed individuals who are responsible for dealing with any safeguarding adults/children concerns:

Designated Safeguarding Person: Head of Care Services Tel 01434 600388.

Should Designated Safeguarding Person be unavailable, Chief Executive Officer: Tel 01434 600388.

Trustee with responsibility for Safeguarding: Lucy Carrie See Appendix 3

Staff and volunteers have a responsibility to report any safeguarding concerns/ reports of abuse as soon as possible to the Designated Safeguarding Person or if the designated person is unavailable, the Chief Executive Officer.

All concerns, actions taken, and outcomes must be clearly and accurately documented in the person's records, as soon as possible and within 24 hours. Support will be provided by a member of the Care Service to complete this if required.

Where Care Quality Commission (CQC) registered services are involved, the THH Registered Manager must inform the CQC using appropriate documentation: www.cqc.org.uk.uk-notifications

5. Safeguarding Information & advice

Safeguarding adults at risk of abuse or neglect continues to be a priority for all agencies in Northumberland. Some people may be at particular risk due to isolation, domestic abuse, financial scams and other forms of abuse. It is important that everyone is aware of these risks and knows how to reduce and report them.

The above contact details should be used in all cases of suspected or actual abuse. (NCC 2021)

6. References

National Police Prevent advice line 0800 011 3764

Northumberland County Council Safeguarding adults:

https://www.northumberland.gov.uk/adult-social-care/adults-safeguardingCare and support statutory guidance, updated July 2025 (Section 14 relating to safeguarding (Accessed January 2026)

The Care Act (2014) available at: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed January 2026)

Royal College of Nursing (2024) Adult safeguarding: Roles and Competencies for Health Care Staff. RCN London Publication code: 011 256

Care Quality Commission (2018) Statement on CQC's role and responsibilities for safeguarding children and adults. Available at:

https://www.cqc.org.uk/sites/default/files/20150710_CQC_New_Safeguarding_Statement.pdf

https://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people

Mental Capacity Act (2005) available at: https://www.legislation.gov.uk/ukpga/2005/9/contents (accessed January 2026)

Mental Capacity Act - Making decisions (2005) Available at:

https://www.gov.uk/government/collections/mental-capacity-act-making-decisions

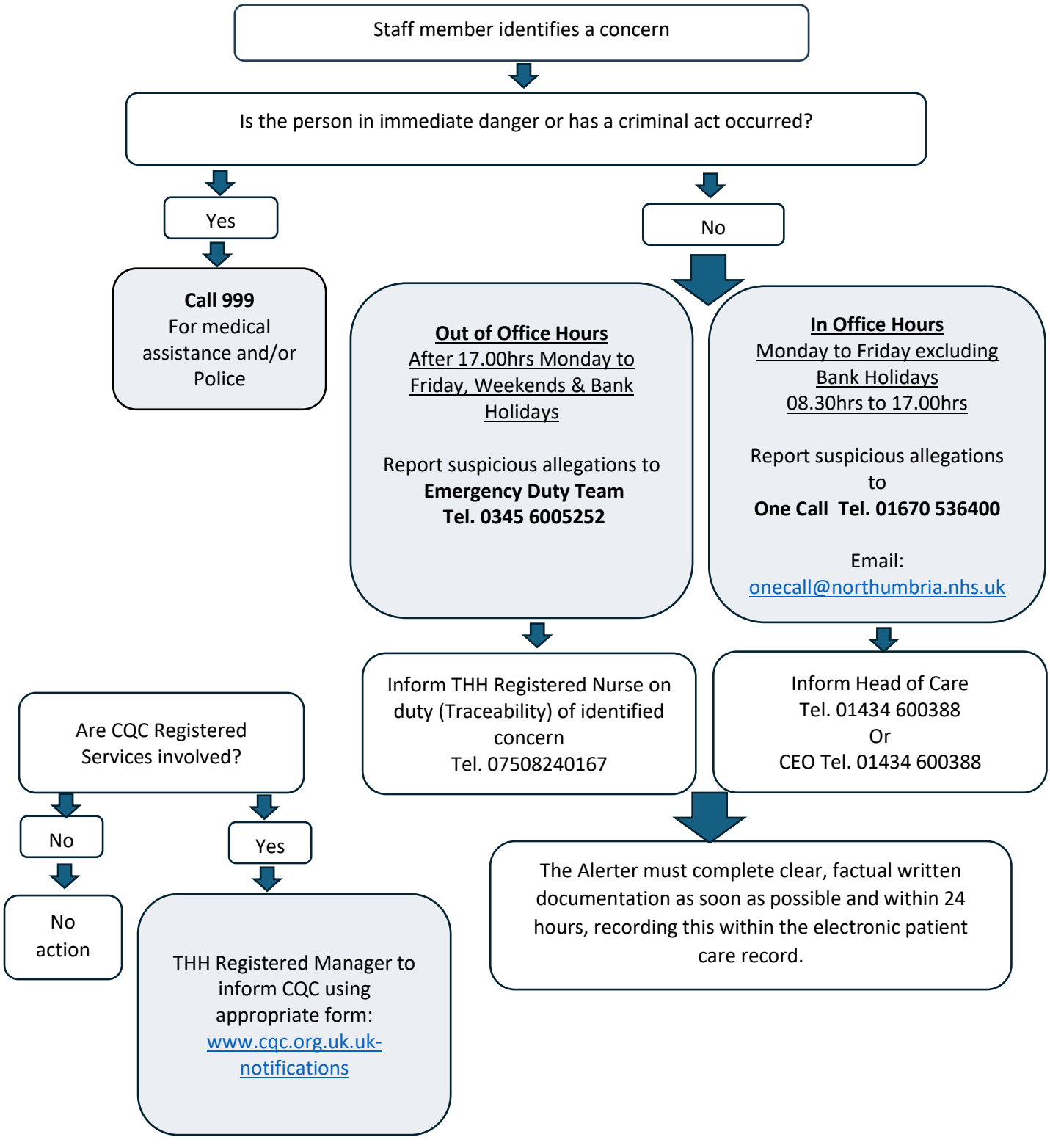
(accessed January 2026)

GOV.UK (2024) Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern

Appendix 1

Staff Flowchart
Reporting Adult / Child Safeguarding Concern

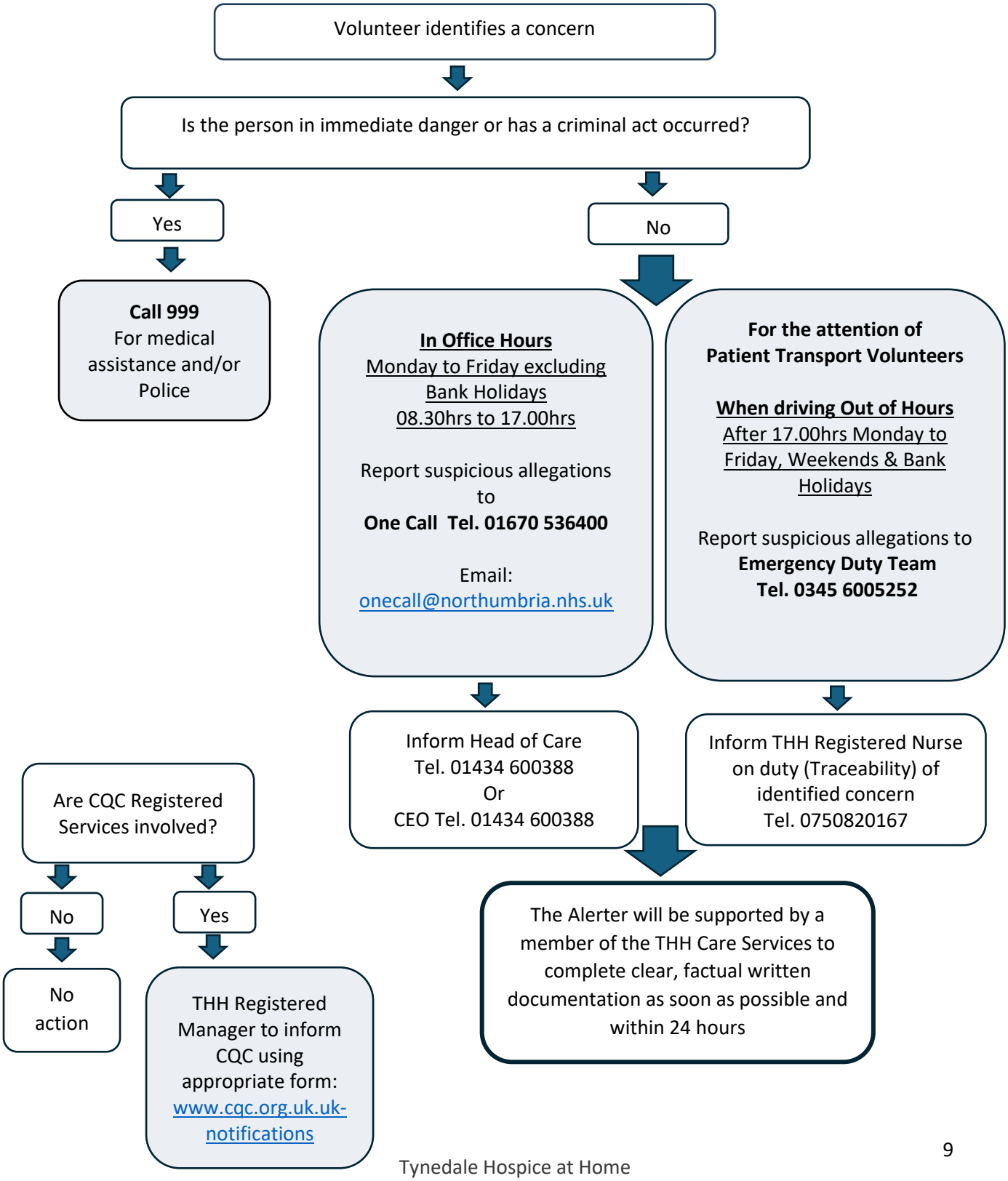
This process will initiate the next stage of the enquiry by Northumberland Safeguarding Department



Appendix 2

Volunteer Flowchart
Reporting Adult / Child Safeguarding Concern

This process will initiate the next stage of the enquiry by Northumberland Safeguarding Department



Appendix 3

ROLE DESCRIPTION

Title: Lead Trustee for Safeguarding

Responsible to: THH Board

Status: Volunteer

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1. Role Purpose

Tynedale Hospice at Home (THH) works with children and adults at risk. The Charity Commission recommends that charities who work with children and adults at risk should designate one trustee to take the lead to support, advise and guide the THH Board ("Board") on safeguarding matters ("Lead Trustee for Safeguarding").

However, the Charity Commission makes it very clear that safeguarding is the responsibility of all trustees. The Lead Trustee for Safeguarding must not be the only person among the trustees who understands safeguarding.

The Lead Trustee for Safeguarding is a volunteer from within the Board who has skills, experience and confidence in the area of safeguarding. They can also be a volunteer who starts without knowledge but is willing to undertake the necessary training in order to develop the knowledge and skills required to undertake the role.

2. Scope

The Lead Trustee for Safeguarding:

- will support, advise and guide the Board on safeguarding matters;
- will, where appropriate, work with the CEO and Designated Safeguarding Lead;
- is a separate role to the THH's Designated Safeguarding Lead;
- must maintain independence of mind on safeguarding matters.

3. Responsibilities

Strategic

Working with the CEO and Designated Safeguarding Lead to:

- consider THH's strategic plans and make sure they reflect safeguarding legislation, regulations specific to THH's activities, statutory guidance, and the safeguarding expectations of the Charity Commission and Care Quality Commission;
- regularly review whether the controls that THH has put in place are creating a safer culture and keeping people safe;
- check that THH's risk register reflects safeguarding risks properly and plans sensible measures to take to mitigate risks;
- be aware of THH's readiness for inspections;
- ensure that any safeguarding related reports are followed up;
- make sure there is space on the agenda for safeguarding reports, when appropriate, and help trustees understand and challenge those reports.

Effective Policy and Practice

Working with the CEO and Designated Safeguarding Lead to:

- make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees;
- understand the monitoring THH does to see whether policies and procedures are effective;
- recommend to the Board, audits of qualitative and quantitative data (either internal or external) to be undertaken when they are needed;
- learn from case reviews locally and nationally, to improve THH's policies, procedures and practices;
- monitor the outcomes of safeguarding allegations against staff and/or volunteers;
- be a point of contact for staff or volunteers if someone wishes to complain about a lack of action in relation to safeguarding concerns;

Creating the right culture

The Lead Trustee for Safeguarding will:

- champion safeguarding throughout the organisation.
- attend relevant safeguarding training events and conferences.
- work with Designated Safeguarding Lead to support the trustees in developing their individual and collective understanding of safeguarding.
- attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.
- work with the Chair, CEO, Designated Safeguarding Lead and communications team in order to manage all serious safeguarding cases.
- support regular safeguarding updates for staff, volunteers and beneficiaries.
- develop ways of gathering the views of staff and volunteers in relation to safeguarding and sharing these with the Board.

4. Person Specification

The Lead Trustee for Safeguarding will:

- be a Trustee of THH;
- have a commitment to participate in safeguarding training;
- when appropriate, maintain/update their knowledge and skills.

Although useful no specialised knowledge of safeguarding is required, training will be made available in order to develop the knowledge and skills required to undertake the role.

5. Disclosure / Level

An Enhanced Disclosure and Barring Service check is required for this post.

6. Tenure

Appointed by Board for a period of three years, reviewed annually, or until the Trustee is due for reappointment whichever is sooner.